

COMMUNITY SERVICE EXEMPTION CERTIFICATION

Family: _____

Adult family member: _____

This adult family member meets the requirements for being exempted from the WHA's community service requirement for the following reason:

- 62 years of age or older. (*Documentation of age in file*)
- Is a person with disabilities and self-certifies below that he or she is unable to comply with the community service requirement. (*Documentation of HUD definition of disability in file*)

Tenant certification: I am a person with disabilities and am unable to comply with the community service requirement.

Signature of Family Member

Date

- I am the primary caretaker of such an individual in the above category. (*Documentation in file*)
- I am working at least 20 hours per week. (*Employment verification in file*)
- I am participating in a welfare-to-work program. (*Documentation in file*).
- I meet the requirements for being exempted from having to engage in a work activity under TANF or any other State welfare program, including a State-administered welfare-to-work program (*Documentation in file*)
- I am a member of a family receiving assistance, benefits or services under TANF or any other State welfare program and have not been found to be in noncompliance with such program. (*Documentation in file*)

Signature of Family Member

Date

Signature of PHA Official

Date

